per City Ordinance c. 316 s. 17

Appeal Filed ? _____ Date _



City of Northampton

Application for Business Owner's Permit - Vehicle for Hire

PRINT ALL INFORMATION	(except signature)) 1	
(Check one)	New Application X Renev	val	Today's Date: _	4/29/22	
(Check one)	Taxi Service Livery	Service		ı	
Name (First, Middle, Last)	Jeffrey David				
Residential Address	241 Haydeville.	RS.	Leed S City/Town	M A State	01053 Zip Code
Corportation Name:					
DBA Name:	Cosmic Cab	Compa	my		
Business Address	160 Main St. Number Street		Northam City/Town	pon MA State	01060 Zip Code
Mailing Address	160 McJa St. #	8	No Hang City/Town	State	O1060 Zip Code
Telephone Number for the	1/12				
Telephone Number for the	e business: 413 - 2	230 - 61	19		
Description of Motor Vehic	cles to be operated under permit:	2007 Che	of Sudorban	2012 chrusler	Town + Cowly
2013 Charyster Town +	Cooling 2014 Chrysler Town	+ Country	2010 Dodge	Grand Carous	1 (gray)
2010 Dodge Good Cas	(Blue) 2009 Dodge Come (gray)	(gay)	2010 Dody	e Gozad Cour	ever (whole
L	gray)	(Blue)			
Hours of Operation:	Gam - 12 midnie	hT 7	Days w	eek	
Sworn to this	day of	, 20, be	efore me.		
				City Clerk	
	FOR LICENSING A				
In City Council,	, voted that	this petition	is		
			is not _	grante	d.
	Attest:				
			Clerk to the	City Council	

PARKING SPACE RENTAL AGREEMENT

	ement dated on the $\frac{\lambda \lambda}{2}$ day of
November	, 2021 by and between Karol & Marie Drozdal
with a mailing address	of 120 Damon Rd. in the City of
	, State of Massachusetts (Hereinafter
	and Jeffrey Miller with a mailing address
of 160 Main St.	in the City of Northampton, State of
Massachusetts	· ·
space located at:	
	d., Northampton, MA 01060
	agreement shall begin on the 1st day of
December	, 2021 and continue:
	, 20 and continue:
(Check One)	
- until the c	day of, 20
- on a month to	month basis. Termination may be made by either party
with at least 30 d	lays' written notice. All notices shall be sent to the
parties' information	
	ent shall be due on the 1st of every month in the
	ndrad EOO OO
amount of FIVE HU	dollars (\$500.00_). Payment shall be
	by the Lessee in the following manner:
Mail or delivery ((check made payable to Marie Drozdal)
Subletting. The Lesse	e is not allowed to sublease (sublet) the space without
the direct written conse	ent from the Lessor.

- V. Current Registration & Insurance. Lessee may only use the space for vehicles that are up-to-date with all State and local registration. In addition, all vehicles must maintain current with insurance that is legal under the State of registration.
- VI. **Maintenance**. Lessee is required to keep the vehicle in good repair and free of hazardous leaks of oils or liquids. No repairs of any type are allowed on the parking space and, if needed, must be towed to a location that allows such activities.
- VII. Use of Space & Damage. The use of the space may only be for the parking of a vehicle that is owned/leased by the owner. No storage of personal property may be allowed in the space. Lessor is not liable for any damage done to the vehicle or personal property taken from it. All liability to the vehicle and personal property will be responsibility of the Lessee.
- VIII. Governing Law. This agreement shall be governed under the laws in the State of Massachusetts.

This agreement was signed on the _____ day of November _____, 20_21

Lessor's Signature

Karol & Marie Drozdal

Lessor's Printed Name

Lessee's Signature

Jeffrey Miller

Lessee's Printed Name



April 29, 2022

Child Safety Seat Plan 2022/23.

As per the order of the City of Northampton 319-19-4

Cosmic Cab will provide a front or rear facing Child Safety Seat or Booster Seat upon the request of any customer. The customer will need to schedule at least 1 hour in advance to ensure the availability of the safety restraint required.

Best Regards

Jeffrey D. Miller

Owner

Cosmic Cab Company 160 Main St. #8, Northampton, MA 01060

(413) 230-6119

STATEMENT OF ALL TAXES FILED AND PAID

Name of Business:

Cosmic Cab

Location of Business:

23 Hooker Avenue

The licenses to operate as a second hand dealer will not be issued unless this certification clause is signed by the applicant listed on the license.

I, (V) Torse Mile (print name of owner or authorized agent of the business) certify under the penalties of perjury that I, to my best knowledge and belief, have field all state tax returns and paid all state taxes as required under law.

Signature of Owner or Agent

(V)

or (V)

Social Security Number

Federal Identification Number

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licenses who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law, chapter 62C, section 49A.

AFFADAVIT OF WAGE COMPLIANCE

Name of Business:

Cosmic Cab

Location of Business:

23 Hooker Avenue

The Northampton City Council, in determining whether to issue, re-issue, modify, suspend or revoke a license. under G.L. c. 140, shall require that a potential or current licensee certify that they are not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act The City Council may require a wage bond or insurance be posted by any potential licensee who does not certify that they are not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act. Licensees that are subject to a state or federal debarment for violation of the above laws, either voluntarily or involuntarily, or that have been prohibited from contracting with the Commonwealth or any of its agencies or subdivisions shall be prohibited from holding, or continuing to hold, licenses issued under G.L. c. 140, for the entire period of debarment or other stated time period.

Applicants must check box 1 or box 2 as applicable and must sign this Form, certifying compliance with the requirements set out in this Form. This Form must be included with the application.

AFFADA	AVIT: (V) (Choose 1 below)
X	This License applicant is not subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act within the last three years.
	This License applicant is subject to a federal or state criminal or civil judgment, administrative citation, order or final administrative determination resulting from a violation of G.L. c. 149, c. 151, or the Fair Labor Standards Act within the last three years. This applicant will provide a wage bond or wage insurance for the period of the license.

(V) Techney Miler (Typed or printed name of applicant)

(Signature)

Treasurer/Collector's Office Permit Denial Form

Revised 11-30-2018

REQUESTED BY: Pamela L. Powers, City Clerk	
Name of Person, Corporation or Business: Cosmic Cab	
Location of Property, Service or Address: 23 Hooker Avenue, North	ampton, MA 01060
All permits denied for outstanding amounts must receive confirmation the Treasurer/Collector's Office PRIOR to issuance of the permits denied for outstanding amounts must receive confirmation to the permits denied for outstanding amounts must receive confirmation to the permits denied for outstanding amounts must receive confirmation to the permits denied for outstanding amounts must receive confirmation to the permits denied for outstanding amounts must receive confirmation to the permits denied for outstanding amounts must receive confirmation to the permits denied for outstanding amounts must receive confirmation to the permits denied for outstanding amounts must receive confirmation to the permits denied for outstanding amounts must receive confirmation to the permits denied for outstanding amounts must receive confirmation to the permits denied for outstanding amounts must receive confirmation to the permits denied for the	
For Tax Collector's/Treasurer's Office Use O Please list below any tax, assessed to your office that is unpaid for more after its due date, <u>unless</u> there is a pending abatement or app Tax Board, for the person, corporation, or business entity noted all	twelve (12) months or beal before the Appellate
No confirmable outstanding obligation 12+ months beyond due	e date
Signed: Wane P. Petel Dated: _	5-2-2022
Adopted 5-21 1992 [Ch14 S.14-21 of the 1977 Code] Denial/Revocation of License	City of Northampton

Office / Agent: 46-0028

Taxol.D. No .:

Policy Number: 1020093350

DECLARATIONS - MASSACHUSETTS BUSINESS AUTO COVERAGE FORM MM 00 97 09 98



ITEM ONE- NAMED INSURED AND ADDRESS JEFF MILLER

DBA COSMIC CAB 160 MAIN ST STE 8

NORTHAMPTON, MA 01060

Producer Name and Address 46-0028 LIGHTHOUSE INS AGCY LTD 540 GALLIVAN BLVD SUITE 211

DORCHESTER, MA 02124

POLICY PERIOD: Policy Covers FROM 01/18/2022 TO 01/18/2023 12:01 A.M. Standard Time at the Named Reason for Declaration: VC ENDORSEMENT

Named Insured's Business: INDIVIDUAL

Effective Date: 03/25/2022

Insured's Address stated above

DIRECT BILL

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "Autos" shown as covered "Autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

LIABILITY INSURANCE

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form show which autos are covered autos.)	LIMIT The most we will pay for any one accident or loss	PREMIUM
Compulsory Bodily Injury	7	20,000 Each Person 40,000 Each Accident	13,230
Personal Injury Protection	7	8,000 Each Person	5,202
Optional Bodily Injury	7	100,000 Each Person 300,000 Each Accident	15,858
Property Damage (COMPULSORY LIMIT \$5,000)	7	50,000 Each Accident	12,654
Auto Medical Payments Insurance		Each Person	
Uninsured Motorists (COMPULSORY LIMITS \$20,000/\$40,000)	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	396
Underinsured Motorists	7	SEE SCHEDULE Each Person SEE SCHEDULE Each Accident	INCL

PHYSICAL DAMAGE INSURANCE

Actual Cash Value or cost of repair, whichever is less, minus the deductible for each Covered Auto.

Comprehensive Coverage	Deductible	The second of th
Specified Perils Coverage	Deductible	
Collision Coverage	Deductible	
Limited Collision Coverage	Deductible	

Countersigned by:

Loss of Use-Rental Reimbursement For each disablement Towing and Labor of a private passenger auto.

Forms and Endorsements attached to this Coverage Form:

26 AP 1056 (01/10) CA 00 01 (10/01) IL 00 21 (04/98) 26 AP 1057 (01/10) CA 23 86 (01/06) MM 99 11 (10/11) 26 AP 1092 (01/10) CA 24 02 (12/93) MM 99 18 (09/98) 26 AP 1102 (04/11) CA 99 17 (07/97) MM 99 23 (09/98) 26 AP 1109 (07/16) IL 00 17 (11/85) MM 99 54 (09/98)

PREMIUM FOR ENDORSEMENTS ADDITIONAL OR 4,30 RETURN PREMIUM *ESTIMATED TOTAL **PREMIUM** 47,341

* This policy may be subject to final audit.

Includes copyrighted material of Insurance Services Office with its permission.

Authorized Representative



Office / Agent: 46-0028 Tax I.D. No .:

DECLARATIONS - MASSACHUSETTS BUSINESS AUTO COVERAGE FORM

SCHEDULE - MM 00 97 09 98

Policy Number: 1020093350 03 ITEM THREE- SCHEDULE OF COVERED AUTOS YOU OWN



VEHICLE INFORMATION

	and the state of t							RIPTION	and the second s						
Auto				ake, Mode		wasterstein and the state of th		Original	Size GVV	V, GCW or			City & Sta		
No.	2007 CHE	-		ntification		WAGON	-	39,665	Seating	Capacity	-	ere the covere	ed auto will be g	garaged	
003	3GNFK163 2009 DOD 2D8HN44E	67G1 GE G	55614 RAND	CARAV				23,530			MA	EDS			
004	2010 DOD 2D4RN4DI	GE G	RAND	CARAV	AN SE SI	PORT VA	N	23,175			1	EDS			
005	2008 DOD 2D8HN44H				AN SE EX	XTENDED	2	21,740			MA LE	EDS			
, -	ZDONIN44F	HAOR	112405	1		C	LASS	SIFICATION	ON	Tryns its min bia (alles un la sassicional)	IVIA				
Auto No.	Retail, Commercial		Symbo	ol Age Group	Clas	ss	1	adius peration	Mobile Equip		Inspect Code		Loss of Use Amt/Days		
002				08	9	41890		LOCAL						. 1	
003				07	9	41890		LOCAL					-	1	
004				07	9	41890		LOCAL						1	
005				07	9	41890		LOCAL						1	
					LI	ABILITY	LIMIT	S (* Limit(s) in Thousar	nds)					
Boo (\$20,0	mpulsory dily Injury 00/\$40,000) ers./each acc.	Pers Inju Prote \$8,00 Pers	ction 0 Ea	Opti Bodily	onal Injury		perty Da pulsor \$5,000	y Limit	M	Auto edical yments			erinsured otorists		
Auto No.	Premium	Prem	aium	*Limit	Premium	*Limit	Ded.	led. Premium Limit Premium		*Limit	Premium	*Limit	Premium		
002	1,470	Ameniation street and area	578	100	1,762	50	Deu.	1.40		- Teman	20 40	44	2	20 INCL	
003	1,470		578 578	100 300 100	1,762 1,762	50		1,40			20 40	44	4	20 INCL 20 INCL	
005	1,470		578	300 100	1,762	50		1,40	1,406		20 4 40 20 4		4	10 INCL	
				300							40		4	10	
A . (T 0 V 1 - 3		T	** 0	16 1 D 1	- interior and a decimal and a second	IYSIC	AL DAM			165-1		15-4-16	N=101=1===	
Auto No.	@ Value 7 and Lin	- 1			pecified Peri		-	Comprehensive		Collision			Limited Collision		
002	ACV/		Co	v.	Ded.	Premium		Ded.	Premium	Ded.	Premi	um L	Ded.	Premium	
003	ACV ACV														
005	ACV														
Auto No.	Passive Rest.	ATD	Wai of D	iver	Loss of Use	Towing and Labor	**	Combined	Additional C			ire and The	eft, CAC -		
per up a meter angus de la pape de la							*** YES-Designates Waiver of Deductible. ## Designates Policy Level Additional Insured - Lessor applies. @ Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the limit of Liability.								
Auto No.	Except fo	r towir	ng all ph	ıysical da	mage loss	is payable t	to you a	and the los	s payee nan	ned below as	s interests	may appe	ar at the ti	me of loss.	

Office / Agent: 46-0028

Tax I.D. No .:

Policy Number: 1020093350 03

DECLARATIONS - MASSACHUSETTS BUSINESS AUTO COVERAGE FORM SCHEDULE - MM 00 97 09 98



1 141	THREE-	SCHEDE	LE OF CO	VENEDA	VEHIC	LE INF	and the same of the same of the same	TION							
	aparententi proprio anticolori della co		terna institutore, peri anni anno de specie de principa de servicio de la calcia			DESCRI	PTION								
Auto No.			r, Make, Mode Identification			Origi Cost		Size GVW Seating		who	Territory, C	City & State			
	2010 DOD0 2D4RN3D1	GE GRA	ND CARAV		SPORT		1,855	Seating	Сарасну	-	PRTHAME		ageu		
007	2012 CHR' 2C4RC1BC	YSLER T	OWN & CC	UNTRY 1	TOURING	29	9,995				RTHAME	PTON			
009	2010 DODO 2D4RN3D1	GE GRA	ND CARAV	AN HERO	SPORT	24	1,855				EDS				
010	2014 CHRY 2C4RC1BC			UNTRY 1			0,765			MA LE	EDS				
					C	LASSIFIC	CATION	1							
Auto No.		use - Servi Commercial	ce Symbo	Age Group	Clas	S	Radi of Oper	-	Mobile Equip		Inspect Code	No.	Loss of Use Amt/Days		
006			07	9	41890	LO	CAL						1		
007			08	9	41890	LO	CAL						1		
009			07	9	41890		CAL						1		
010			08	9	41890		CAL						1		
010	1		100		ABILITY			n Thousand	ds)						
C0	mpulsory	Personal						, , , , , o dod , ,	407	Unins	urad	ners (liver), et a amicon escape.			
Bo (\$20,0	dily Injury 000/\$40,000) ers./each acc.	Person			(Com	erty Damag pulsory Lir \$5,000)		Me	uto edical ments	Motorists Compulsory Limits (\$20,000/\$40,000)		Underinsured Motorists			
Auto No.	Premium	Premium	*Limit	Premium	*Limit	Ded. P	ed. Premium Limit Premium		*Limit	Premium	*Limit	Premium			
006	1,470	57	300	1,762	50		1406			20 40	44	20 40			
007	1,470	57	300	1,762	50		1,406			20 40	44	20 40			
009	1,470	57	300	1,762	50		1,406			20 40	44	20 40			
010	1,470	57	8 100 300	1,762	50	V010 A1	1,406			20 40	44	20 40			
A			++ 0-	ecified Peril	- Annual Control of the Control of t	YSICAL			0	111-1		Limited Co	III - !		
Auto No.	@ Value T and Lim	1				-	mprehens			ollision					
006	ACV		Cov.	Ded.	Premium	Ded.		emium	Ded.	Premiu	ım De	u. F	Premium		
007	ACV														
009	ACV														
010	ACV														
Auto No.	Passive Rest.	ATD	*** Waiver of Ded.	Loss of Use	Towing and Labor	** F - Fire Coverage, T - Theft Coverage, F&T - Combined Additional Coverage.					re and Theft	e and Theft, CAC -			
a garan Marine an Andre Grand Gr						## Des @ Des	signates F signates v	olicy Level whether Act	r of Deductib I Additional I tual Cash Va CV, the limit	nsured - Lealue, Stated					
Auto No.	Except fo	r towing a	l physical da	mage loss i	s payable to	o you and t	the loss p	oayee nam	ed below as	s interests i	nay appear	at the time	e of loss.		



office / Agent: 46-0028

ax I.D. No.: olicy Number: 1020093350 03

DECLARATIONS - MASSACHUSETTS BUSINESS AUTO COVERAGE FORM SCHEDULE - MM 00 97 09 98



FEM THREE- SCHEDULE OF COVERED AUTOS YOU OWN

VEHICLE INFORMATION

Auto No.	en aparticular and the second															
1		1	Year Ma	ke, Model, I	Body	L	7	IPTION iginal	Size GVM	V, GCW or	T	Territory (Tity & Sta	to .		
				ntification N			1	t New		Capacity	Territory, City & State where the covered auto will be garaged					
	2013 CHR` 2C4RC1B(NTRY T	OURING	2	29,995			MA LE	LEEDS MA				
							10015	I ATTION								
A T	Duringer			Comphal	1 0	7	.ASSIF	ICATION		Mobile	1	Inamant		Loss of		
Auto No.	Business Retail, 0			Symbol	Age Group	Class		Radius of Operation		Equip		Inspect		Loss of Use Amt/Days		
011				08	9	41890	L	OCAL								1
				1	11	ABILITY L	IMITS	(* imit/s) i	n Thousan	ide)		-		/		
Corr	npulsory	Perso									Unins	sured				
Bodi (\$20,00	odily Injury ,000/\$40,000) pers./each acc. Injury Protection \$8,000 Ea Person		Option Bodily In	(Compu			sory Limit Me		Auto edical ements	Motorists Compulsory Limits (\$20,000/\$40,000)		Underinsured Motorists				
Auto No.	Premium	Prem	ium	*Limit F	remium	*Limit	Ded.	Premium	Limit	Premium	*Limit	Premium	*Limit Premiu			
011	1,470	-	578	100 300	1,762	50	Deu.	1406	Limit	remun	20 40	44	2	0 INCL		
						PHY	SICAL	DAMAG	GE.							
Auto	@ Value 7	Гуре		** Spec	cified Perils			omprehens		Co	ollision		Limited Collision			
No.	and Lim	rit	Cov	, De	ed.	Premium	Dec	d. Pi	remium	Ded.	Premiu	ım De	Ded. Premium			
011	ACV															
Auto No.	Passive Rest.	ATD	Waiv of De	ver 1	_oss f Use	Towing and Labor	C	ombined A	dditional C	overage.	ge, F&T - Fire and Theft, CAC -					
							 YES-Designates Waiver of Deductible. ## Designates Policy Level Additional Insured - Lessor applies. Designates whether Actual Cash Value, Stated Amount or Agreed Value and, except for ACV, the limit of Liability. 									
Auto No.	Except fo	r towin	g all ph	ysical dam	age loss is	s payable to	you and	the loss	oayee nam	ned below as	interests i	may appear	at the ti	ne of loss.		



Application for Vehicle Registration - Vehicle for Hire

PRINT ALL INFORMATION	(except signature	e)				1	
(Check one)	Taxi Vehicle	Livery	y Vehicle	Today's	Date:	4/29/22	
Name (First, Middle, Last)	Jeffrey	David	Mil	Nex			
Residential Address	241 Han	gdenville	Rd.	Leed City/Tow		State	01053 Zip Code
Business Address	1.6	an st.	#8	North City/Tow	aupton	MA	0106 C
Mailing Address	Number	Street Street	48	Norther	pton	MA State	Ø1060 Zip Code
Telephone Number	413-230	5.6119	_				
		Vehicle Inf	ormation	1			
Make Dodge			Regist	ration Numbe	r TA	6030	
Model Grand C	Caravon			icle Id Numbe	# 40	8	
Year 2009				ing Capacity sive of operator)	6		
color Blue			Numbe	er of Seat belt	s 7		
Attach the following: Insur	rance Policy for th	nis vehicle; chil	d safety s	eat plan; cop	of vehicle	inspection;	color photo
	iability Limits: \$100,0 ow that the policy sho		iry or death;			ce thereof.	
Sworn to this 29 th	day of Of	ril	, 20 02	, before me.	mel Cit	y Clerk	Oup)
	FC	OR LICENSING A	AUTHORIT	Y USE			
In City Council,		, voted that t	his petitio	on	is is not	grant	ed.
		Attest:					
			-	Clerk	to the City	Council	

per City Ordinance c. 316 s. 19

Appeal Filed ? ____ Date ____





CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this Certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

					1111 100					
Plate Type	Registration Type		Plate Number		ctive Date		lumber	Expires On	Month	Year
TAN	TAXI	NORMAL	603C	0	1-Dec-2021		CB535233		11	22
Model Year 2009	Make DODG	Model GRANDC	Model Number	Body Style VAN) BLUE	Vehicl	e Identification Numb 2D8HN44E59F		
Residential A	ddress (If Diffe	rent than Mailir	ng)		18		Total Registered	Weight for Commerc	ial Vehicle	or Trailer
Garage Addre		HAYDENVILLI	E RD LEEDS MA	10539768			US DOT Numbe	er for Commercial Veh	icle	
	006903 ***** JEFFREY D 160 MAIN S NORTHAMF			hthand		-	Maximum Seatir	Pany ROTECTION INSURA The property of the second s	les for Hire	
Lessee/In Cu	stody Of									
Special Mes	sage			Chan	ge of Address	[Residential	☐ Mailing ☐ G	arage	

Important Information for Vehicle Owners

- Certificate of Registration: Every person operating a motor vehicle shall have the Certificate of Registration for the
 motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the
 official status of the vehicle registration.
- Change of Address: By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV
 to change your address. Once you have reported the address change to the RMV, please write corrected address in box
 provided above.
- No Insurance Card Required: Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- Transferring Your Plates: Massachusetts General Law
 (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration
 plates from this vehicle to a newly acquired new or used motor vehicle or
 trailer while you obtain insurance and a new registration. See the
 Transferring a Registration Section on the RMV's website at
 www.mass.gov/rmv for more information.
- Cancel the registration plates if:
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
 - You move to another state and you register the vehicle in that state.
 - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Massachusetts

22

Skip the Line, Go Online! Visit Mass.Gov/RMV for list of available transactions.

21874493

Vehicle Inspection Report



Please Review This Important Information

Your vehicle has PASSED both its SAFETY TEST and its EMISSIONS TEST. The results are summarized in this report.

Questions? Visit www.mass.gov/vehiclecheck or call Customer Service at 1-844-358-0135. Customer Service is staffed from 7 a.m. to 5 p.m. Monday, Wednesday, Friday, and Saturday, and from 7 a.m. to 8 p.m. on Tuesday and Thursday.

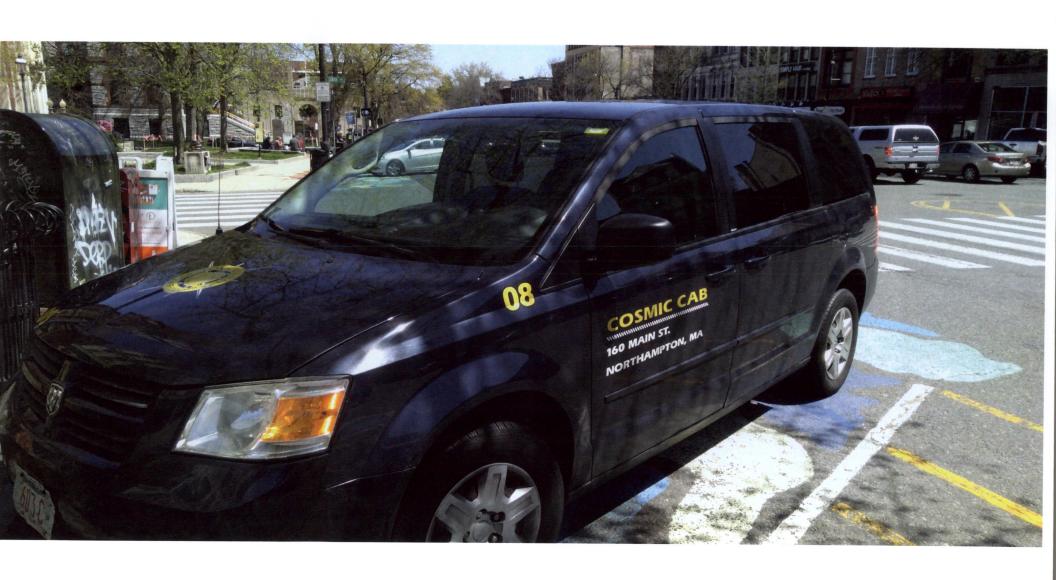
Overall Result:	PASS		Vehicle Informati	on		Station Information	
Safety Result	PASS		VIN .	2D8HN	44E59R576432	ERNIE'S GARAGE INC	
Emissions Result	PASS		License Plate	603C		72 KING STREET	
Start Test Date/Time	9/22/2021 1	1:28 AM -	Plate Type/State TAN /		ΛA	NORTHAMPTON MA	
End Test Date/Time	9/22/2021 1	1:34 AM	Vehicle Type PASS		NGER	(413) 584-0716	
Test Type	Regular		Year / Make 2009		odge		
Sticker Number	224217411		Model	Grand	Caravan	Station Number	PB100149
Inspection Type	Initial		Fuel Type	GASOL	INE	Workstation Number M	AW00000648
Inspection Counter	1		Engine Cyl / Size	6/3.31		Inspector Number	****5128
			GVWR	7000			
			Odometer	215388	3		
						Inspection Fee	\$35.00
Safety inspection R	esults					Jan 199	
License Plate Mounting		PASS 7	Service Brakes		PASS	Parking Brake	PASS
Hom		PASS	Stop Lights and Tail Lig	hts	PASS	Headlight Aim and Operation	PASS
Lighting Devices and Reflectors PASS		PASS	Directional Signals and	4-Ways	PASS	Front End	PASS
Steering and Suspension	n	PASS	Frame		PASS	Windshield Wipers and Cleaner	PASS
Safety Beits		PASS	Air Bags		N/A	Muffler and Exhaust System	PASS
Window Tint		PASS	Windshield		PASS	Rear View Mirror	PASS
Bumpers/Fenders/Exteri	or Sheet Metal	PASS	Fuel Tank Filler Cap		PASS	Fuel Tank Filler Neck and Components	
Visible Smoke Other		PASS PASS	Altered Vehicle Height		PASS	Tires	PASS
	m de m	FA33					
Inspection Comme	nts						-
	(A) (A) (B) (B)						
CALLED A CONTRACTOR OF CHARLES AND PARTY AND ADDRESS OF THE PARTY AND A	stic (OBD)		OBD Readiness Me	onitor I		OBD Additional Data	
Tampering Check			Catalyst			Miles Since Code Clearing	11045
Connector Result			Catalyst Heater	l		Warm-Ups Since Code Clearing	69
RPM Result			Evaporative System		READY	Pin 16 Voltage	14.2
Key-On BulbCheck		N/A	Secondary Air System		JNSUPPORTED	OBD Diagnastic Tunuble Co.	daa
Engine-Running Bulb	Check	N/A	A/C System	l	JNSUPPORTED	OBD Diagnostic Trouble Co	ues
		N/A	Oxygen Sensor		READY		
Scan Tool Check							
	lt		Oxygen Sensor Heater		READY		
Scan Tool Check Communication Resu MIL Status Result	lt	PASS	Oxygen Sensor Heater EGR and/or VVT Syste		READY READY	OBD Permanent Fault Codes	

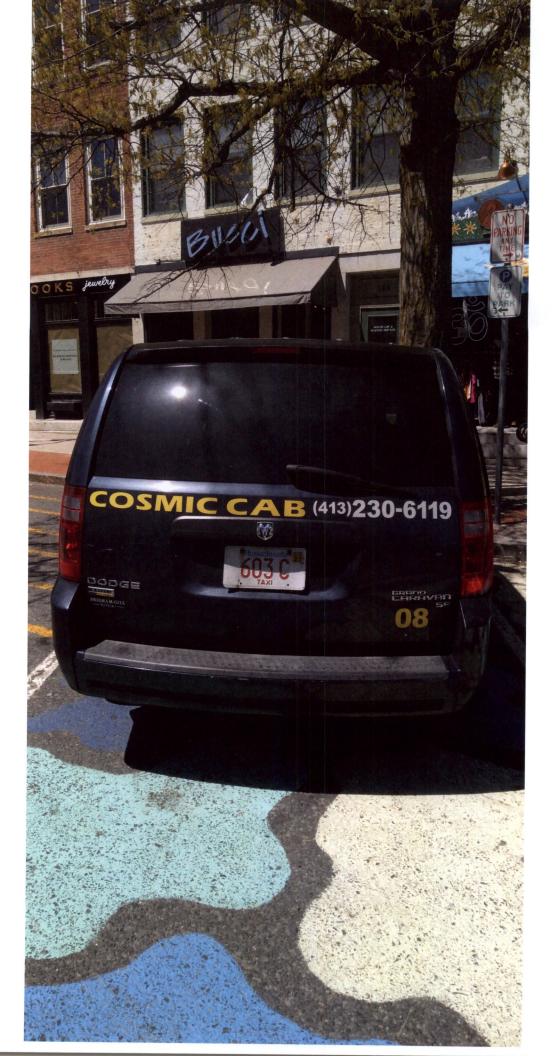
Scan to visit website













Application for Vehicle Registration - Vehicle for Hire

PRINT ALL INFORMATION	ON (except signature	e)				1 1	
(Check one)	Taxi Vehicle	Livery \	Vehicle	Today's I	Date:	1/29/2	2
Name (First, Middle, Last)	Jeffrey	David	Mil	les			
Residential Addres	ss 241 Hange	Street R	8	Lecds City/Town	· V	State	01053 Zip Code
Business Addres	ss 160 Ma Number	Street St. #	8	Northa City/Town	upton	MA	01060 Zip Code
Mailing Addres	Number 160 Ma	Street \$4, #9	8	North.	comptor	MA	O I OGO Zip Code
Telephone Numbe	er 413-230						
		Vehicle Info	rmation				
Make Chever	olet		Registra	ation Number	TA	269	77
Model Suburb	an K1500)		cle Id Number	#0	3	
Year 2007				ng Capacity ve of operator)	6		
				r of Seat belts	7		
Attach the following: Ins		nis vehicle: child				inspection	: color photo
Policy must	Liability Limits: \$100,0 show that the policy sho		or death; \$			e thereof.	
Sworn to this 29 H	day of	bril, 2	20	before me.			
				Pan	relas	Howe.	
					City	Clerk	
	FC	PR LICENSING AU	JTHORITY	USE			
In City Council,		, voted that thi	is petition		is		
				is	not	gran	ited.
		Attest:					
				Clerk t	o the City	Council	





CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this Certificate MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type TAN	Registration	Type I NORMAL	Plate Number 26977		Effective Date Title 01-Dec-2021		Number BV081520	Expires O	m Month	Year 22		
Model Year 2007	Make CHEV	Model K15BLA	Model Number	Body		Color(s) BROV	Vehicle Identification Number 3GNFK16367G155614				
Residential A	ddress (If Diffe	rent than Mailir	ng)					Total Registe	red Weight for Com	mercial Vehicle	or Trailer	
Garage Addr		HAYDENVILL	E RD LEEDS MA 0	105397	68			US DOT Nun	nber for Commercial	l Vehicle		
Name(s) of C	Hillian	lailing Address	իվահահուհերով	կկիսո	ııı _l			Insurance Co	ompany A PROTECTION INS	SURANCE CO	MPANY	
	JEFFREY D 160 MAIN S	MILLER						Maximum Se	eating Capacity for V	ehicles for Hire	,	
Lessee/In Cu	ustody Of							Colleen	f Quenia Re	gistrar of Moto	Vehicles	
Connected Man				1	Change of	f Address		Residentia	al Mailing [Garage		
Special Mes	sage					Address		Residentia	a Walling	_ Garage		

Important Information for Vehicle Owners

- Certificate of Registration: Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- Change of Address: By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- No Insurance Card Required: Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- Transferring Your Plates: Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at www.mass.gov/rmv for more information.
- Cancel the registration plates if:
 - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
 - You move to another state and you register the vehicle in that state.
 - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Massachusetts

Skip the Line, Go Online! Visit Mass.Gov/RMV for list of available transactions.

Commonwealth of Massachusetts Motor Vehicle Inspection and Maintenance Program

Vehicle Inspection Report



Please Review This Important Information

Your vehicle has PASSED its SAFETY TEST. The results are summarized in this report.

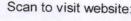
Questions? Visit www.mass.gov/vehiclecheck or call Customer Service at 844-358-0135. Customer Service is staffed from 7 a.m. to 5 p.m. Monday through Friday and from 7 a.m. to Noon on Saturday.

Overall Result:	PASS		Vehicle Informa	tion		Station Information	
Safety Result	PASS		VIN	3GNFK163	67G155614	ERNIE'S GARAGE INC	
Emissions Result	N/A		License Plate	26977		72 KING STREET	
Start Test Date/Time	4/22/2022	2:06 PM	Plate Type/State	TAN / MA		NORTHAMPTON MA	1
End Test Date/Time	4/22/2022 2		Vehicle Type	PASSENG	ER	(413) 584-0716	
Test Type	Regular		Year / Make	2007 Chevr	rolet		
Sticker Number	231418866		Model	Suburban		Station Number	PB100149
Inspection Type	Initial		Fuel Type	FLEXIBLE			MAW00000648
Inspection Counter	1		Engine Cyl / Size	8 / 5.3L		Inspector Number	****1632
mopoduon odunion			GVWR	8000		mopeotor Number	1002
			Odometer	0			
		nu mira	Odometer	0		Inspection Fee	\$35.00
Safety Inspection Re	sults		No. 20 September 1980 (1980)	W. 1960		anshection ree	400.004
License Plate Mounting ar		PASS	Service Brakes		PASS	Parking Brake	PASS
Horn		PASS	Stop Lights and Tail L	ights	PASS	Headlight Aim and Operation	PASS
Lighting Devices and Refle	ectors	PASS	Directional Signals and	d 4-Ways	PASS	Front End	PASS
Steering and Suspension		PASS	Frame		PASS	Windshield Wipers and Cleaner	PASS
Safety Belts		PASS	Air Bags		N/A	Muffler and Exhaust System	PASS
Window Tint		PASS	Windshield		PASS	Rear View Mirror	PASS
Bumpers/Fenders/Exterior	Sheet Metal	PASS	Fuel Tank Filler Cap		PASS	Fuel Tank Filler Neck and Componer	
Visible Smoke		PASS	Altered Vehicle Height		PASS	Tires	
Other		PASS			. 7.00	. 1100	PASS
Inspection Comment	s						

VIR Number

None













City of Northampton Application for Vehicle Registration - Vehicle for Hire

PRINT ALL INFORMATION	(except signature	e)				1 /	
(Check one)	Taxi Vehicle	Liver	y Vehicle	Today's Da	ate: 4	29/27	
Name (First, Middle, Last)	Jeffrey	David	Mil	ler			
Residential Address	241 Ha	ydenville	Rd.	Leeds		VA State	01053 Zip Code
Business Address	4.6.	street	#8	Northa City/Town	mpbn	M A State	Ol O6C
Mailing Address	160 Mai	n St, #8		Northerph City/Town	on	MA State	©1 060 Zip Code
Telephone Number			_	City, rouni		State	zip couc
		Vehicle In	formatio	n			
Make Chrysle	~		Regis	tration Number_	TA Z	16981	
Model Town + C	ountry			nicle Id Number _	#0	5	
Year 2012	3			ting Capacity usive of operator)	6 pp	1	
Color (Frau		- Constitution of the Cons		er of Seat belts	7		
Attach the following: Insur	ance Policy for the	nis vehicle; chi			f vehicle in	nspection; co	olor photo
	iability Limits: \$100,0		ury or death			thereof.	
Sworn to this <u>39 H</u>	day of A	rel	, 20	, before me.	la S.	Privers	ے
					City (Clerk	
	FC	OR LICENSING	AUTHORI	TY USE			
In City Council,		, voted that	this petiti		is		
				isı	not	grante	d.
		Attest:					
				Clerk to	the City C	ouncil	

per City Ordinance c. 316 s. 19

Appeal Filed ? _____ Date ____





CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this Certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type TAN	Registration	Type I NORMAL	Plate Number 26981		Effective D		Title	Number CD441881	Expires Or	Month 11	Year 22
Model Year 2012	Make CHRY	Model TOWN &	Model Number	Body S	Style VAN	Color(s)	GRA		hicle Identification No 2C4RC1BC	umber 69CR189806	
Residential A	ddress (If Diffe	erent than Mailir	ng)					Total Registe	red Weight for Comr	nercial Vehicle	or Trailer
Garage Addre		AIN ST STE 8 I	NORTHAMPTON M.	A 01060	3187			US DOT Nur	nber for Commercial	Vehicle	
Name(s) of C	իսլիլիկո			արա				Insurance Co	ompany A PROTECTION INS	URANCE COI	MPANY
	JEFFREY D							Maximum Se	eating Capacity for Vo	ehicles for Hire)
		application to the analysis of the state and					-	Colleen	J Ogilnie Re	gistrar of Moto	r Vehicles
Lessee/In Cu	stody Of										
Special Mes	sage				Change of	Address		Residentia	al Mailing [] Garage	
					~~~						

## Important Information for Vehicle Owners

- Certificate of Registration: Every person operating a motor vehicle shall have the Certificate of Registration for the
  motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the
  official status of the vehicle registration.
- Change of Address: By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV
  to change your address. Once you have reported the address change to the RMV, please write corrected address in box
  provided above.
- No Insurance Card Required: Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- Transferring Your Plates: Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance and a new registration. See the Transferring a Registration Section on the RMV's website at www.mass.gov/rmv for more information.
- · Cancel the registration plates if:
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.



The incurance policy is not repowed as is correctled and there is no

# Vehicle Inspection Report



#### Please Review This Important Information

Your vehicle has PASSED both its SAFETY TEST and its EMISSIONS TEST. The results are summarized in this report.

Questions? Visit www.mass.gov/vehiclecheck or call Customer Service at 1-844-358-0135. Customer Service is staffed from 7 a.m. to 5 p.m. Monday, Wednesday, Friday, and Saturday, and from7 a.m. to 8 p.m. on Tuesday and Thursday.

Overall Result:	PASS		Vehicle Informa	ition		Station Information	
Safety Result	PASS	***************************************	VIN	2C4R	C1BG9CR189806	ERNIE'S GARAGE INC	
Emissions Result	PASS		License Plate	26981		72 KING STREET	
Start Test Date/Time	9/7/2021 10	):53 AM	Plate Type/State	TAN /	MA	NORTHAMPTON MA	
End Test Date/Time	9/7/2021 11	1:03 AM	Vehicle Type	PASS	ENGER	(413) 584-0716	
Test Type	Regular		Year / Make	2012	Chrysler		
Sticker Number	224217070		Model		and Country	Station Number	PB100149
Inspection Type	Initial		Fuel Type	FLEXI		Workstation Number	MAW0000064
Inspection Counter	1		Engine Cyl / Size	6/3.6		Inspector Number	****512
. Inspection Counter			GVWR	7000		mopostor reamber	0.12
			Odometer	15083	10		
			Odometer	13003		Inspection Fee	\$35.00
						mspection i ee	ψ55.01
Safety Inspection F							
License Plate Mounting	and Condition	PASS	Service Brakes		PASS	Parking Brake	PASS PASS
Horn	flactors	PASS PASS	Stop Lights and Tail L Directional Signals ar	-	PASS PASS	Headlight Aim and Operation Front End	PASS
Lighting Devices and Re Steering and Suspensio		PASS	Frame	iu 4-vvays	PASS	Windshield Wipers and Cleaner	PASS
Safety Belts		PASS	Air Bags		PASS	Muffler and Exhaust System	PASS
Window Tint		PASS	Windshield		PASS	Rear View Mirror	PASS
Bumpers/Fenders/Exter	ior Sheet Metal	PASS	Fuel Tank Filler Cap		PASS	Fuel Tank Filler Neck and Componer	nts PASS
Visible Smoke		PASS	Altered Vehicle Heigh	nt	PASS	Tires	PASS
Other		PASS					
Inspection Comme	nts						
None							
On-Board Diagno	stic (OBD)	Results	OBD Readiness I	Monitor	Results	OBD Additional Data	
Tampering Check		PASS	Catalyst		READY	Miles Since Code Clearing	411
Connector Result		PASS	Catalyst Heater		UNSUPPORTED	Warm-Ups Since Code Clearing	24
RPM Result		PASS	Evaporative System		READY	Pin 16 Voltage	14

UNSUPPORTED

UNSUPPORTED

READY

READY

READY

N/A Secondary Air System

PASS Oxygen Sensor Heater

PASS EGR and/or VVT System

N/A A/C System

**PASS** 

N/A Oxygen Sensor

Scan to visit website

**OBD Diagnostic Trouble Codes** 

**OBD Permanent Fault Codes** 



VIR Number

Key-On BulbCheck

Scan Tool Check

MIL Status Result

Readiness Result

Communication Result

Engine-Running Bulb Check









### Application for Vehicle Registration - Vehicle for Hire

PRINT ALL INFORMATION	(except signature	)				1 1	
(Check one)	Taxi Vehicle	Livery V	/ehicle	Today's Da	te:	1/29/2	2 .
Name (First, Middle, Last)	Jeffrey	David	Mil-	er			
Residential Address	241 Har	ydenulle Street	Rd.	Leeds City/Town		MA State	01053 Zip Code
Business Address	160 Mai	n St. #8	N	or thanp	bn	MA	0106 (
Mailing Address	160 Mnm	51. #8	b	Josthun &	ton	K A State	O106
Telephone Number	413 - 230 -	6119					
		Vehicle Info	rmation				
Make Dodge			Registrat	ion Number _	TA	629 I	>
Model Grand Co	oravan		Seating	e Id Number Capacity of operator)	40-	1	
Color Gray Attach the following: Insu	Delian for the	in a hinter a hild a	Number	of Seat belts	7		
	Liability Limits: \$100,0 how that the policy sha		or death; \$5		_	e thereof.	
Sworn to this 39 H	day of <u>Ap</u>	ril,2	0_ <del>2</del> 2, b	0	olan	e fariu	?A /
						Clerk	
	FO	R LICENSING AU	THORITY (	<u>JSE</u>			
In City Council,		_, voted that thi	s petition	is n	is	 gran	ted.
		Attest:					
				Clerk to	the City (	Council	

## Vehicle Inspection Report



#### Please Review This Important Information

Your vehicle has PASSED both its SAFETY TEST and its EMISSIONS TEST. The results are summarized in this report.

Questions? Visit www.mass.gov/vehiclecheck or call Customer Service at 1-844-358-0135. Customer Service is staffed from 7 a.m. to 5 p.m. Monday, Wednesday, Friday, and Saturday, and from 7 a.m. to 8 p.m. on Tuesday and Thursday.

Overall Result:	PASS		Vehicle Informati	tion		Station Information	
Safety Result	PASS		VIN	2D4R	N3D12AR489881	ERNIE'S GARAGE INC	
Emissions Result	PASS		License Plate	629D		72 KING STREET	
Start Test Date/Time	3/21/2022 9	:47 AM	Plate Type/State	TAN	MA	NORTHAMPTON MA	
End Test Date/Time	3/21/2022 9	:55 AM	Vehicle Type	PASS	SENGER	(413) 584-0716	
Test Type	Regular		Year / Make	2010	Dodge		
Sticker Number	231418263		Model	Grand	d Caravan	Station Number	PB100149
Inspection Type	Initial		Fuel Type	GASO	DLINE	Workstation Number M	AW00000648
	1		Engine Cyl / Size	6/3.8	3L	Inspector Number	****5128
moposium counts.			GVWR	7000			
			Odometer	12886	39		
			Cuomoto	,200		Inspection Fee	\$35.00
Safety Inspection Re	sults						
License Plate Mounting an	nd Condition	PASS	Service Brakes	er e Grande Li	PASS	Parking Brake	PASS
Horn		PASS	Stop Lights and Tail L.	0	PASS	Headlight Aim and Operation	PASS
Lighting Devices and Refle	ectors	PASS	Directional Signals an	d 4-Ways		Front End	PASS
Steering and Suspension		PASS	Frame		PASS	Windshield Wipers and Cleaner	PASS
Safety Belts		PASS	Air Bags		N/A	Muffler and Exhaust System	PASS
Window Tint Bumpers/Fenders/Exterior	Chaot Motal	PASS PASS	Windshield Fuel Tank Filler Cap		PASS PASS	Rear View Mirror Fuei Tank Filler Neck and Components	PASS PASS
Visible Smoke	Sneet Metal	PASS	Altered Vehicle Height		PASS	Tires	PASS
Other		PASS	Altered Verlicle Height	·	PASS	Tiles	PASS
Inspection Comment	ts						
None		125	in the second				
On-Board Diagnos	tic (OBD)	Results	OBD Readiness N	/lonitor	Results	<b>OBD Additional Data</b>	
Tampering Check		PASS	Catalyst		READY	Miles Since Code Clearing	2172
Connector Result		PASS	Catalyst Heater		UNSUPPORTED	Warm-Ups Since Code Clearing	18
RPM Result		PASS	Evaporative System		READY	Pin 16 Voltage	13.6
Key-On BulbCheck		N/A	Secondary Air System	n	UNSUPPORTED		
Engine-Running Bulb C	Check		A/C System		UNSUPPORTED	OBD Diagnostic Trouble Cod	les
Scan Tool Check			Oxygen Sensor		READY		
Communication Result			Oxygen Sensor Heate	er	READY		
MIL Status Result			EGR and/or VVT Sys		READY	OPD Parmanent Fault On In-	
Pandinese Pacult		DASS				<b>OBD Permanent Fault Codes</b>	

Scan to visit website



Readiness Result

**PASS** 







#### CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

EXTERNAL COD	AN	REGISTRATION TYPE Taxi N		PLATE NUMBER 629D	EFFECTIVE DATE  08-Mar-2022	TITLE NUMBER	EXPIRES ON	30-Nov-2022
MODEL YEAR 2010	MAKE DODG	MODEL GRAND CARAVAN	MODEL NUMBER	BODY STYLE VAN	COLOR SILVER		N NUMBER D4RN3D12AR48988	31
RESIDENTIAL A	DDRESS (IF DIFFE	RENT THAN MAILING)				TOTAL REGISTERED WE	EIGHT FOR A COMMERCIAL VEHIC	LE OR TRAILER
GARAGE ADDR		RD LEEDS MA	A 01053-9768			US DOT NUMBER FOR C	COMMERCIAL VEHICLE	
JEFFRE	Y D MILLES DENVILLE	3				ARBELL	A PROTECTION INS	SURANCE
LEEDS N	/A 01053-	9768				MAXIMUM SEATING CAP	ACITY FOR VEHICLES FOR HIRE	
LESSEE/IN CUS	STODY OF					Colleen of O	Registrar of	Motor Vehicles
If this v of regis	ehicle is ne	ewly acquired, i	t must be insp	pected within 7 days	CHANGE OF ADDRESS	RESIDENTIAL	MAILING	GARAGE

#### Important information for vehicle owners

- Certificate of Registration: Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- Change of Address: By law, you must report any change of address to the RMV within 30 days. Visit mass.gov/rmv to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- No Insurance Card Required: Massachusetts law does not require an insurance card. M.G.L. Chapter 90, Section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- Transferring Your Plates: Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid
  registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance
  and a new registration. See the Transferring a Registration Section on the RMV's website at mass.gov/rmv for more
  information.
- · Cancel the registration plates if:
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - · The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.









### Application for Vehicle Registration - Vehicle for Hire

PRINT ALL INFORMATION	l (except signature	e)				.1 /	
(Check one)	Taxi Vehicle	Live	ry Vehicle	Today's D	ate:	1/29/2	2
Name (First, Middle, Last)	Jeffrey	David	M.No	er			
Residential Address	241 Have	zdenville Street	Rd	Lecos City/Town		State State	01053 Zip Code
Business Address	160 Ma	Street St.	#8	Northan City/Town	ndga	MA	01060 Zip Code
Mailing Address	160 Med Number	Street	#08	Horther City/Town	uplon	M A State	O1060 Zip Code
Telephone Number	1110 200			city, rown		State	2.0000
		Vehicle In	formation	1			
Make Dodge			Regist	ration Number	TA	2698	3
Model Grand (	Caravan			icle Id Number_	#1	2	
Year 2010				ing Capacity sive of operator)	6		
color White			Numbe	er of Seat belts	7		
Attach the following: Insu	rance Policy for th			eat plan; copy o	f vehicle	inspection	; color photo
	Liability Limits: \$100,0	000 / \$300,000 in	-		_	re thereof.	
Sworn to this 394	day of Ap	ril	_, 20	, before me.			
	/			Parn	elas	Strue	لك
					City	/ Clerk	
	FC	OR LICENSING	AUTHORIT	Y USE			
In City Council,		, voted that	this petitio		is	gran	ited.
		Attest	:				
				Clerk to	the City	Council	

per City Ordinance c. 316 s. 19

Appeal Filed ? ____ Date ____





#### CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this Certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Plate Type TAN	Registration	Type NORMAL	Plate Number 26983		Effective 01-De	Date ec-2021	Title	Number CB980819	Expires On	Month 11	Year 22		
Model Year 2010	Make DODG	Model CARAVA	Model Number	Body S	Style	Color(s	) WHIT	Vehicle Identification Number 2D4RN3D19AR384867					
Residential A	ddress (If Diffe	rent than Mailir	ng)	-				Total Registered	Weight for Commerc	ial Vehicle	or Trailer		
Garage Addre		AIN ST STE 8 N	NORTHAMPTON M	A 010603	3187			US DOT Number	er for Commercial Veh	icle			
Name(s) of C	արկակա	ailing Address	 		ļ,			Insurance Comp ARBELLA P	pany ROTECTION INSURA	ANCE COM	PANY		
	JEFFREY D 160 MAIN S	MILLER						Maximum Seati	ng Capacity for Vehicl	es for Hire			
			angles to the second of the se			and the second	and the second second	Colleen &	Szience Registra	ar of Motor	Vehicles		
Lessee/In Cu	stody Of												
Special Mes	sage			С	Change o	f Address		Residential	Mailing G	arage			

## Important Information for Vehicle Owners

- Certificate of Registration: Every person operating a motor vehicle shall have the Certificate of Registration for the
  motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the
  official status of the vehicle registration.
- Change of Address: By law, you must report any change of address to the RMV within 30 days. Visit Mass.Gov/RMV to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- No Insurance Card Required: Massachusetts law does not require an insurance card. M.G.L. Chapter 90, section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- Transferring Your Plates: Massachusetts General Law
   (M.G.L. Chapter 90, Section 2) allows you to transfer valid registration
   plates from this vehicle to a newly acquired new or used motor vehicle or
   trailer while you obtain insurance and a new registration. See the
   Transferring a Registration Section on the RMV's website at
   www.mass.gov/rmv for more information.
- · Cancel the registration plates if:
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.



# Vehicle Inspection Report



Station Information

#### Please Review This Important Information

**PASS** 

**Overall Result:** 

Your vehicle has PASSED both its SAFETY TEST and its EMISSIONS TEST. The results are summarized in this report.

Vehicle Information

Questions? Visit www.mass.gov/vehiclecheck or call Customer Service at 1-844-358-0135. Customer Service is staffed from 7 a.m. to 5 p.m. Monday, Wednesday, Friday, and Saturday, and from7 a.m. to 8 p.m. on Tuesday and Thursday.

Safety Result P/	ASS		VIN	2D4RN3D19	9AR384867	ERNIE'S GARAGE INC		
Emissions Result PA	ASS		License Plate	11GF		72 KING STREET		
Start Test Date/Time 12	2/7/2020 10	0:53 AM	Plate Type/State	TAN / MA		NORTHAMPTON MA	4	
End Test Date/Time 12	2/7/2020 10	0:57 AM	Vehicle Type	TRUCK		(413) 584-0716		
Test Type Re	egular		Year / Make	2010 Dodge				
	15083899		Model	Grand Caray	<i>y</i> an	Station Number	PB100	
	itial		Fuel Type	GASOLINE		Workstation Number	MAW0000	0648
Inspection Counter 1			Engine Cyl / Size	6/4L		Inspector Number		0933
moposion obuntor			GVWR	7000		moposto. Humbo.		
			Odometer	165802				
						Inspection Fee	\$3	35.00
Safety Inspection Resu	ults							
License Plate Mounting and	Condition :	PASS	Service Brakes		- PASS	Parking Brake	PASS	
Horn		PASS	Stop Lights and Tail Ligh		PASS	Headlight Aim and Operation	PASS	
Lighting Devices and Reflect	tors	PASS	Directional Signals and	4-Ways	PASS	Front End	PASS	
Steering and Suspension		PASS	Frame		PASS	Windshield Wipers and Cleaner	PASS	
Safety Belts		PASS	Air Bags		PASS	Muffler and Exhaust System	PASS	
Window Tint	Sh 1	PASS	Windshield		PASS	Rear View Mirror	PASS	
Bumpers/Fenders/Exterior S	neet Metal	PASS	Fuel Tank Filler Cap		PASS	Fuel Tank Filler Neck and Compone	ents PASS PASS	
Visible Smoke Other		PASS PASS	Altered Vehicle Height		PASS	Tires	PA55	
Inspection Comments								
None								
On-Board Diagnostic	c (OBD) F	Results	OBD Readiness Mo	onitor Resu	ilts	OBD Additional Data		
Tampering Check		PASS	Catalyst		READY	Miles Since Code Clearing		92
Connector Result		PASS	Catalyst Heater	UNSU	JPPORTED .	Warm-Ups Since Code Clearing		4
RPM Result		PASS	<b>Evaporative System</b>		READY	Pin 16 Voltage		14.6
Key-On BulbCheck		N/A	Secondary Air System	UNSU	JPPORTED			
Engine-Running Bulb Ch	eck	N/A	A/C System	UNSU	JPPORTED	OBD Diagnostic Trouble C	odes	
Scan Tool Check		N/A	Oxygen Sensor		READY			
Communication Result		PASS	Oxygen Sensor Heater		READY			
MIL Status Result		PASS	EGR and/or VVT Syste	m	READY	OBD Permanent Fault Cod	98	
D		DAGG				ODD I Cilianciit i adit Ood	00	

Scan to visit website



**VIR Number** 

Readiness Result



**PASS** 









# City of Northampton Application for Vehicle Registration - Vehicle for Hire

PRINT ALL INFORMATION	ON (except signatur	e)				1 1	
(Check one)	Taxi Vehicle	Liver	y Vehicle	Today's Da	te: 4	29 27	-
Name (First, Middle, Last)	Jeffrey	David 1	Miller				
Residential Addre	ss 241 Hay	Jenulle Street	RS.	Leeds City/Town	MA	te	1053 Zip Code
Business Addre	ss 160 Ma Number	Street	#8	Northa City/Town	upton	MA	0106
Mailing Addres	ss 160 Ma	in St. ±	8	Northa City/Town	mpton	MA	0106 ( Zip Code
Telephone Numbe	er 413 - 230	· 6119	_				
		Vehicle In	formation				
Make Chrysle	er		Registra	tion Number_	TAI	9BR	
Model Town and	& Country			le Id Number g Capacity	#1	7	
Year 2013				e of operator)	6		
color Blue			Number	of Seat belts	7		
Attach the following: In:	surance Policy for t	his vehicle; chi			vehicle ins	ection; co	lor photo
Policy must	Liability Limits: \$100,		ury or death; \$5		_	reof.	
Sworn to this 29 H	day of A	ril	, 20, b	Panels	Low	ers	
					City Cle	rk	
	F	OR LICENSING	AUTHORITY	USE			
In City Council,		, voted that	this petition		is	<u></u>	
				is n	ot	granted	
		Attest:					
				Clerk to	the City Cou	ncil	





#### CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

EXTERNAL CODE REGISTRATION TYPE		PLATE NUMBER	EFFECTIVE DATE	TITLE NUMBER		
T	AN	Taxi Normal		19BR	25-Mar-2022	EXPIRES ON 30-Nov-2022
MODEL YEAR 2013	MAKE CHRY	TOWN & COUNTRY	MODEL NUMBER	BODY STYLE  VAN	COLOR	VEHICLE IDENTIFICATION NUMBER  2C4RC1BG8DR632044
RESIDENTIAL A	DDRESS (IF DIFFE	RENT THAN MAILING)				TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER
GARAGE ADDRE		RD LEEDS MA	A 01053-9768			US DOT NUMBER FOR COMMERCIAL VEHICLE
NAME(S) OF OW	NER(S) AND MAIL	ING ADDRESS	***************************************	**************************************		INSURANCE COMPANY
241 HAY	DENVILLE OF 01053-9	RD				ARBELLA PROTECTION INSURANCE COMPANY  MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE
LESSEE/IN CUS	STODY OF				• • • •	
SPECIAL MESSA	AGE				CHANGE OF ADDRESS	RESIDENTIAL MAILING GARAGE
If this vehicle is newly acquired, it must be inspected within 7 days of registration.					5	

#### Important information for vehicle owners

- Certificate of Registration: Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
- Change of Address: By law, you must report any change of address to the RMV within 30 days. Visit mass.gov/rmv to change your address. Once you have reported the address change to the RMV, please write corrected address in box provided above.
- No Insurance Card Required: Massachusetts law does not require an insurance card. M.G.L. Chapter 90, Section 34, and Chapter 175, Section 113A, requires the vehicle's owner to maintain a compulsory motor vehicle liability insurance policy or bond for bodily injury coverage and property damage insurance. The insurer is required by law to electronically notify the Registry of Motor Vehicles if coverage lapses. The vehicle owner is then notified by the RMV to obtain new insurance within 10 days or the registration will be revoked. Bonds are filed with the State Treasurer's Office.
- Transferring Your Plates: Massachusetts General Law (M.G.L. Chapter 90, Section 2) allows you to transfer valid
  registration plates from this vehicle to a newly acquired new or used motor vehicle or trailer while you obtain insurance
  and a new registration. See the Transferring a Registration Section on the RMV's website at mass.gov/rmv for more
  information.
- Cancel the registration plates if:
  - The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Commonwealth of Massachusetts Motor Vehicle Inspection and Maintenance Program

# Vehicle Inspection Report



Please Review This Important Information

Your vehicle has PASSED both its SAFETY TEST and its EMISSIONS TEST. The results are summarized in this report.

Questions? Visit www.mass.gov/vehiclecheck or call Customer Service at 844-358-0135. Customer Service is staffed from 7 a.m. to 5 p.m. Monday through Friday and from 7 a.m. to Noon on Saturday.

						01-11				
Overall Result:	PASS		Vehicle Information			Station Information				
Safety Result PASS		VIN 2C4		RC1BG8DR632044	ERNIE'S GARAGE INC					
Emissions Result	PASS		License Plate 1		2	72 KING STREET				
Start Test Date/Time	4/22/2022 1	2:11 PM	Plate Type/State	TAN	/ MA	NORTHAMPTON MA				
End Test Date/Time	4/22/2022	12:17 PM	Vehicle Type	PASS	SENGER	(413) 584-0716				
Test Type	Regular		Year / Make	2013	Chrysler					
Sticker Number	231418858		Model		and Country	Station Number	PB10			
Inspection Type	Initial		Fuel Type	FLEX		Workstation Number	0000WAN	00648		
	1		Engine Cyl / Size	6/3.		Inspector Number		*1632		
Inspection Counter	1		GVWR	7000	JL.	inspector (variber		1002		
			Odometer	1678	55					
						Inspection Fee	/- \$3	35.00		
Safety Inspection R	esults					BILL 101	4	150		
License Plate Mounting a	and Condition	PASS	Service Brakes		PASS	Parking Brake	PASS	-		
Horn		PASS	Stop Lights and Tail Lig	ghts	PASS	Headlight Aim and Operation	PASS	;		
Lighting Devices and Ref	flectors	PASS	Directional Signals and	4-Ways	PASS	Front End	PASS	,		
Steering and Suspension	1	PASS	Frame	The State of the	PASS	Windshield Wipers and Cleaner	PASS	And Inch		
Safety Belts		PASS	Air Bags		PASS	Muffler and Exhaust System	PASS			
Window Tint	Ch+ M-+-!	PASS	Windshield		PASS	Rear View Mirror	PASS			
Bumpers/Fenders/Exterior Visible Smoke	or Sneet Metal	PASS	Fuel Tank Filler Cap		PASS	Fuel Tank Filler Neck and Component				
Other		PASS	Altered Vehicle Height		PASS	Tires	PASS	100		
		1700								
Inspection Commer	its									
None										
On-Board Diagnos	stic (OBD)	Results	OBD Readiness Me	onitor	Results	<b>OBD Additional Data</b>				
Tampering Check		PASS	Catalyst		READY	Miles Since Code Clearing		437		
Connector Result		PASS	Catalyst Heater			Warm-Ups Since Code Clearing		18		
RPM Result			<b>Evaporative System</b>			Pin 16 Voltage		14.3		
Key-On BulbCheck			Secondary Air System		UNSUPPORTED			14.5		
Engine-Running Bulb	Check		A/C System		UNSUPPORTED	OBD Diagnostic Trouble Co	des			
Scan Tool Check			Oxygen Sensor		READY					
Communication Result	t		Oxygen Sensor Heater		READY					
MIL Status Result			EGR and/or VVT Syste			OPP Parmer 15				
Readiness Result		PACC	REA		READY	OBD Permanent Fault Codes				

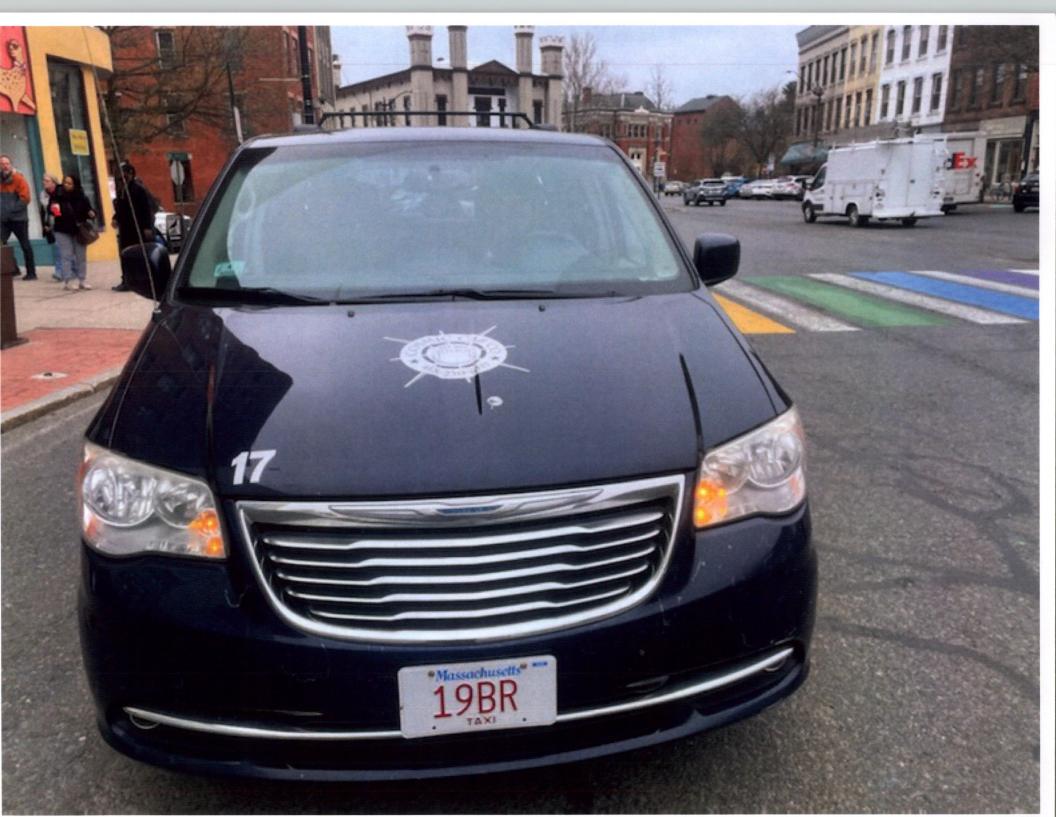
**VIR Number** 

Readiness Result



PASS











# City of Northampton Application for Vehicle Registration - Vehicle for Hire

PRINT ALL INFORMATION	ON (except signature)			1	1	
(Check one)	Taxi Vehicle	Livery Vehicl	e Today's	Date: 4	29/22	
Name (First, Middle, Last)	Jeffrey	David	Miller			
Residential Addre	ss 241 Hay	Janville &	City/Town		1 A	OID53
Business Addre	ss 160 Mai	51. #8	North City/Town	amplon	MA	O106 Zip Code
Mailing Addre	ss 160 Maz n	St. #8	North City/Town	amples	MA	O106 Zip Code
Telephone Numbe	er_ 413 - 280 · 6	6119				
		Vehicle Informati	ion			
Make Chrysl	et	Reg	istration Number	TA 16	SF13	
Model Town +	Country	V	ehicle Id Number	#16		
Year 2014	J		ating Capacity clusive of operator)	6		
Color gray			nber of Seat belts			
Attach the following: 'In	surance Policy for this		seat plan; copy	of vehicle in	spection; c	olor photo
Policy must	Liability Limits: \$100,000 , t show that the policy shall no				hereof.	
Sworn to this <u>29</u>	Hay of Agr	il, 20 de	, before me?	City C	O ()	7
	FOR L	ICENSING AUTHOR	RITY USE			
In City Council,		voted that this peti		iss not	grante	ed.
		Attest:				
			Clerk	to the City Co	uncil	





### CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 Section 24B makes it a crime to alter this Certificate MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

EXTERNAL CODE REGISTRATION TYPE		PLATE NUMBER	EFFECTIVE DATE	TITLE NUMBER .	
N	Taxi Normal		16FB	08-Mar-2022	EXPIRES ON 30-Nov-2022
MAKE	TOWN &	MODEL NUMBER	BODY STYLE	COLOR	VEHICLE IDENTIFICATION NUMBER
CHRY	COUNTRY		VAN	GRAY	2C4RC1BG2ER127036
RESS (IF DIFFER	ENT THAN MAILING)				TOTAL REGISTERED WEIGHT FOR A COMMERCIAL VEHICLE OR TRAILER
NVILLE F	RD LEEDS MA	01053-9768			US DOT NUMBER FOR COMMERCIAL VEHICLE
R(S) AND MAILI	NG ADDRESS				INSURANCE COMPANY
ENVILLE	RD				ARBELLA PROTECTION INSURANCE COMPANY
01053-9	768				MAXIMUM SEATING CAPACITY FOR VEHICLES FOR HIRE
DY OF	asiya a safa say iligili kundimud kasa re a a madi ayda say dia ayandha			a produce standard plane i sina e para i dia arang	Colleur & Sylvie Registrar of Motor Vehicles
icle is nevation.	vly acquired, it	must be insp	pected within 7 days	CHANGE OF ADDRESS	RESIDENTIAL MAILING GARAGE
	CHRY RESS (IF DIFFER  INVILLE F R(S) AND MAILIE  O MILLER O1053-9  DY OF	Taxi Notes and the country of the co	Taxi Normal TAXI Normal TAXI NORMA TOWN & CHRY COUNTRY  RESS (IF DIFFERENT THAN MAILING)  NVILLE RD LEEDS MA 01053-9768 RIS) AND MAILING ADDRESS O MILLER ENVILLE RD 01053-9768  DY OF	Taxi Normal  Taxi Normal  Town & Model Number  Town & VAN  MESS (IF DIFFERENT THAN MAILING)  NVILLE RD LEEDS MA 01053-9768  RIS) AND MAILING ADDRESS  O MILLER ENVILLE RD 01053-9768  DY OF	Taxi Normal  Taxi Normal  Town & Model Number  Town & COUNTRY  Town & COUNTRY  Town & VAN GRAY  Town & COLOR  Town & VAN GRAY  Town & COLOR  Town &

#### Important information for vehicle owners

- Certificate of Registration: Every person operating a motor vehicle shall have the Certificate of Registration for the motor vehicle and/or trailer, in the vehicle, in some easily accessible place. The records of the RMV constitute the official status of the vehicle registration.
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  and a new registration. See the Transferring a Registration Section on the RMV's website at mass.gov/rmv for more
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  - · The vehicle has been sold or junked and the registration is not going to be transferred to another vehicle.
  - You move to another state and you register the vehicle in that state.
  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Commonwealth of Massachusetts Motor Vehicle Inspection and Maintenance Program

# Vehicle Inspection Report



lease Review This Important Information

our vehicle has PASSED both its SAFETY TEST and its EMISSIONS TEST. The results are summarized in this report.

Questions? Visit www.mass.gov/vehiclecheck or call Customer Service at 844-358-0135. Customer Service is staffed from 7 a.m. to 5 p.m. Monday hrough Friday and from 7 a.m. to Noon on Saturday.

Overall Result:	PASS	Vehicle Informa	tion	Station Information		
Safety Result	N/A	VIN	2C4RC1BG2ER127036	ERNIE'S GARAGE INC		
Emissions Result	PASS	License Plate	16FB	72 KING STREET		
Start Test Date/Time	4/29/2022 11:55 AM	Plate Type/State	TAN / MA	NORTHAMPTON	MA	
End Test Date/Time	4/29/2022 12:01 PM	Vehicle Type	PASSENGER	(413) 584-0716		
Test Type	Regular	Year / Make	2014 Chrysler			
Sticker Number	231418982	Model	Town and Country	Station Number	PB100149	
Inspection Type	Retest	Fuel Type	FLEXIBLE	Workstation Number	MAW00000648	
Inspection Counter	2	Engine Cyl / Size	6 / 3.6L	Inspector Number	****5128	
		GVWR	7000		*	
		Odometer	178273			
				Inspection Fee	\$0.00	
Safety Inspection R	esults			Laponesia de la companya de la compa		

#### Inspection Comments

None						
On-Board Diagnostic (OBD) Results		<b>OBD Readiness Monit</b>	or Results	OBD Additional Data		
Tampering Check	PASS	Catalyst	READY	Miles Since Code Clearing	35	
Connector Result	PASS	Catalyst Heater		Warm-Ups Since Code Clearing	4	
RPM Result	PASS	Evaporative System		Pin 16 Voltage	14.3	
Key-On BulbCheck	N/A	Secondary Air System	LINCUIDDODTED			
Engine-Running Bulb Check	N/A	A/C System	UNSUPPORTED	OBD Diagnostic Trouble Codes		
Scan Tool Check	N/A	Oxygen Sensor	READY			
Communication Result	PASS	Oxygen Sensor Heater	READY			
MIL Status Result	PASS	EGR and/or VVT System	READY	<b>OBD Permanent Fault Codes</b>		
Readiness Result	PASS			P0420		

VIR Number











Form 03-Vehicle



## **City of Northampton**

## Application for Vehicle Registration - Vehicle for Hire

PRINT ALL INFORMAT	ION (except sign	ature)				. 1	1
(Check one)	Taxi Vehicle		Livery Vehicle	Today's	Date: _	4/29	122
Name (First, Middle, Last)	Jeff	sey.	Parid	Miller	_		
Residential Addr	ess ZUI	Hunde	nville R	d. Lee City/Town	85	MA	01053 Zip Code
Business Addr	ess 160	Man	51. #8	S Nov	thau	plon 1	MA 010
Mailing Addr	ess 160 Number	Mai'n Street	St. #8	City/Town	houp	State	A 0/060 Zip Code
Telephone Numl	ber <u>413 - 23</u>	30-6119	7				
		Veh	icle Informatio	n			
Make Dody	2		Regist	tration Numbe	r	A 2775	69
Model Grand	d Careva	n		nicle Id Numbe	r_#	07	,
Year 2010				isive of operator)	6	>	
color gray			Numb	er of Seat belt	s T	7	
Attach the following:	nsurance Policy f	for this vehic	le; child safety s	eat plan; copy	of vehi	cle inspecti	on; color photo
Policy mu	Liability Limits: \$		of vehicle 0,000 injury or death cancelled without giv				
Sworn to this	day of		, 20	, before me.			
						City Clerk	
		FOR LICEN	ISING AUTHORIT	TY USE			
In City Council,		, vote	d that this petition		is _ is not _		ranted.
			Attest:				
				Clerk	to the C	ity Council	

per City Ordinance c. 316 s. 19

Appeal Filed ? _____ Date ____





## CERTIFICATE OF REGISTRATION

M.G.L. Chapter 90 section 24B makes it a crime to alter this Certificate

MASSACHUSETTS DEPARTMENT OF TRANSPORTATION

Registration Type TAXI NORMAL						Plate Number 27569				Titl	e Number CC469045	Expires On	Month 11	Year 22
Make     Model     Model Number     Body Style     Color(s)       DODG     CARAVA     VAN     GI							Vehicle Identification Number 2D4RN4DE8AR207297							
ddress (If Diffe	rent than Mailir	ng)					Total Register	red Weight for Commer	cial Vehicle	or Trailer				
ess 24B	HAYDENVILL	E RD LEEDS MA 0	105397	13			US DOT Num	ber for Commercial Ve	hicle					
006904 ***** JEFFREY D 160 MAIN S	r  -    -    -    -   -  -  -  -  -  -	GIT 01060	արր	lıpı			ARBELLA	PROTECTION INSUR		PANY				
stody Of							Colleen g	l Ogilnie Registi	rar of Motor	Vehicles				
sage				Change of	of Address		Residentia	I Mailing C	Garage					
	Make DODG  ddress (If Diffe  ess 24B  Dwner(s) and M  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TAXI NORMAL  Make DODG CARAVA  ddress (If Different than Mailing)  24B HAYDENVILLE  Dwner(s) and Mailing Address  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TAXI NORMAL  TAXI NORMAL  Make DODG CARAVA  ddress (If Different than Mailing)  ess  24B HAYDENVILLE RD LEEDS MA 0  owner(s) and Mailing Address  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TAXI NORMAL  Make	TAXI NORMAL  Make Model Model Number Body Style VAN  ddress (If Different than Mailing)  ESS  24B HAYDENVILLE RD LEEDS MA 010539713  EVENT OF THE PROPERTY OF	TAXI NORMAL  Make Model Model Number Body Style Color(s)  CARAVA Model Number Body Style VAN  ddress (If Different than Mailing)  ESS  24B HAYDENVILLE RD LEEDS MA 010539713  EVENT OF THE PROPERTY OF THE PRO	TAXI NORMAL  Make Model Model Number Body Style Color(s) CARAVA VAN GRAddress (If Different than Mailing)  ESS  24B HAYDENVILLE RD LEEDS MA 010539713  EVAN  EVAN  OWNER(s) and Mailing Address  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	TAXI NORMAL  TOTAL Register  TAXI NORMAL  TAXI NORMAL  TOTAL Register  TAXI NORMAL  TOTAL Register  TAXI NORMAL  TOTAL Register  TOTAL Register  US DOT Num  TOTAL Register  T	TAXI NORMAL  TAXI NORMAL  TAXI NORMAL  TAXI NORMAL  TAXI NORMAL  TAXI NORMAL  Model Model Mumber Body Style Color(s) VAN  GRAY  Total Registered Weight for Commercial Veingers  24B HAYDENVILLE RD LEEDS MA 010539713  Total Registered Weight for Commercial Veingers  US DOT Number for Commercial Veingers  Total Registered Weight for Commercial Veingers  US DOT Number for Commercial Veingers  Insurance Company ARBELLA PROTECTION INSUR  ARBELLA PROTECTION INSUR  Maximum Seating Capacity for Vehicle  Total Registered Weight for Commercial Veingers  US DOT Number for Commercial Veingers  ARBELLA PROTECTION INSUR  Maximum Seating Capacity for Vehicle  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veingers  ARBELLA PROTECTION INSUR  Total Registered Weight for Commercial Veing	TAXI NORMAL  TAXI				

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  - The insurance policy is not renewed or is cancelled and there is no plan to obtain a new policy.

Massachusetts

22





